Revised 06/08

## IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12<sup>TH</sup>, SUITE 1A DES MOINES, IA 50319 Fax: (515)281-4073 www.iowa.gov/ethics



lowa Code section 8.7 requires all gifts and bequests given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

Gift <b>2</b>	<b>Be</b> ovest in	° ⊇/5[[] nformation	AND OSURE received
by a c	epandent nor on beh	Proceeds	d by the
Index	For offi	ce use on	ıly
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Check	ed		
Comp	uter		

Newton Correctional Facility					
Name of Department or Office	Newton, IA 50208				
Mailing Address	S City, State, Zip Code				
641-792-7552 x 411  Area Code & Telephone No.					
ONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFF	ICE:				
Terry Mapes					
Name PO Box 218	Newton, IA 50208				
Mailing Address (if different from above)	City, State, Zip (if different from above)				
terry.mapes@iowa.gov					
Email Address	Area Code & Telephone Number (if different from above)				
ONOR OF GIFT OR BEQUEST:					
SNOR OF GIFT OR BEQUEST:					
Lynnville Friends Church					
Name					
P.O. Box 176 Lynnville, IA 50153					
Mailing Address City, State, Zip Code	9-24-09 \$250.00				
641-527-3371					
Area Code & Telephone Number	Date of Gift or Bequest Amount/Value*				
·	*value is defined as "fair market value" of item as determined by				
mail Address (optional)	receiving department or office. If no value mark "0.00".				
Provide a description of the gift or bequest and purpose thereof:					
	DVD 1 1 0 00 1				
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Criteria to use this form: Receipt of any gift or bequest that is received by any department of the	state or received by the Governor on behalf of the state.				
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Criteria to use this form:  Receipt of any gift or bequest that is received by any department of the tement of Affirmation:  affirm that the gift or bequest reported abo	ve is accurate. I further affirm that the information concerning the donor a				
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## **Newton Correctional Facility**

PO Box 218, Newton, Iowa 50208

Date	Name	Address	Reason	Amount
09/24/09 Lynnvill	e Friends Church	PO Box 176, Lynnville, IA 50153	to purchase	
		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		\$ 250.
			Sermons on D\	/D T
	<u> </u>		or books	
147/2000 Islamia	Council of lows			<u> </u>
		Des Iviolnes, IA	donation for	\$ -50.0
			<del>Damador PC</del> as	t
				-
			Total Amount :	\$
			i otai Amount :	\$ -300:00
				250,00

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lowa Code section 8.7 requires all gifts and bequests given to any department of the state of lowa or received by the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

GAMPA GAMPAGE AND Gift or Bequest information received by the Governor on behalf of the state 52  For office use only  Indexed
Audited
Checked
Computer

Newton Correctional Facility		
Name of Department or Office PO Box 218		
Mailing Address	Newton, IA 50208	
641-792-7552 x 411 Area Code & Telephone No.	City, State, Zip Code	
ONTACT PERSON FOR RECIPIENT DEPART	MENT OR OFFICE:	
Terry Mapes Name		
PO Box 218	Newton, IA 50208	
Mailing Address (if different from above) terry.mapes@iowa.gov	City, State, Zip (if different from above)	
mail Address	Area Code & Tolophoro N. J. W. W.	
ONOR OF GIFT OR BEQUEST:	Area Code & Telephone Number (if different from above)	
Islamic Council of Iowa		
Des Moine lailing Address City State 7	<del></del>	
nailing Address City, State, Zi	9-17-09 \$50.00	
rea Code & Telephone Number	Date of Gift or Bequest Amount/Value*	
	*value is defined as "fair market value" of item as determined by	
mail Address (optional)	receiving department or office. If no value mark "0.00".	
Provide a description of the risk		
Provide a description of the gift or bequest and purpose		
Donation for the Offenders Sunni Ramac	dan Feast	
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eceipt of any gift or bequest that is received by any de	epartment of the state or received by the Governor on behalf of the state.	
the second by any de	spartment of the state or received by the Governor on behalf of the state.	
ement of Affirmation:		
affirm that the gift or beque sment of the fair market value (if applicable) is correc	est reported above is accurate. I further affirm that the information concerning the donor a	
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	and true to the best of my knowledge.	
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## **Newton Correctional Facility**

PO Box 218, Newton, Iowa 50208

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